## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/531612

| CLAIMS AS FILED - PART I   |  |   |  |                               |              |                                  |                     | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                  |                        |
|--|--|---|--|-------------------------------|--------------|----------------------------------|---------------------|---------------------|------------------------|-------------------------------|------------------|------------------------|
| L  |  | <del></del> .                             | (Column  | 1)                            | (            | Column 2)                        | ٦                   |                     |                        | 7.\<br>1                      | i                |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  |                               |              |                                  |                     | RATE                | FEE                    |                               | RATE             | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |                               | LARC         | E ENT. = \$ 300                  |                     | BASIC FEE           |                        | OR                            | BASIC FEE        | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = 3 50 / \$ 100                      |                               |              | her situations =<br>100 / \$ 200 | ]                   | EXAM FEE            |                        |                               | EXAM FEE         | 200                    |
| SE/  | ARCH FEE                                       |   | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                               |              | her situations = 250 / \$ 500    |                     | SEARCH FEE          |                        |                               | SEARCH FEE       | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                               | / 50 =       |                                  |                     | X \$ 125 =          |                        |                               | X \$ 250 =       |                        |
| τοτ  | TAL CHARGEA                                    | BLE CLAIMS                                | → minus 20 =   |                               | •            |                                  | ]                   | X \$ 25 =           |                        | OR                            | X \$ 50 =        |                        |
| IND  | EPENDENT CL                                    | AIMS                                      | / minus 3 =  |                               | •            |                                  |                     | X \$ 100 =          |                        | OR                            | X \$ 200 =       |                        |
| MUI  | TIPLE OEPENI                                   | DENT CLAIM PRE                            | ESENT  | · · · · ·                     |              |                                  |                     | + \$ 180 =          |                        | OR                            | + \$ 360 =       |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |                               |              | lumn 2                           |                     | TOTAL               |                        | OR                            | TOTAL            |                        |
| CLAIMS AS AMENDED - PART II 4/14/05 (Column 1) (Column 2) (Column 3)   |  |   |  |                               |              |                                  |                     | SMALL E             | ENTITY                 | OR                            | OTHER<br>SMALL E |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA                 |                     | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE             | ADDI-<br>TIØNAL<br>FEE |
|  | Total  | • 7                                       | Minus  | · 2                           | 20           | <b>a</b>                         |                     | X \$ 25 =           |                        | OR                            | X \$ 50 =        |                        |
|  | Independent                                    | • /                                       | Minus  | ٠                             | 3            | 8                                |                     | X \$ 100 =          |                        | OR                            | X \$ 200 =       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |              |                                  |                     | + \$ 180 =          |                        | OR                            | \$ 360 =         |                        |
| 8.3.0  |  |   |  |                               |              |                                  |                     | TOTAL ADDIT.<br>FEE |                        | OR                            | FEE              |                        |
|  | 0 5  | (Column 1)                                |  | (Colum                        |              | (Column 3)                       |                     |                     |                        |                               |                  |                        |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           | ·  | NUMI<br>PREVIO<br>PAID        | BER          | PRESENT<br>EXTRA                 |                     | RATE ·              | ADDI-<br>TIONAL<br>FEE |                               | RATE             | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 1                                       | Minus  | . 1                           | )<br>2       | · (1)                            |                     | X \$ 25 =           |                        | OR                            | X \$ 50 =        |                        |
|  | Independent                                    | • /                                       | Minus  | J                             | Ó            | .9                               |                     | X \$ 100 =          |                        | OR                            | X \$ 200 =       |                        |
|  | FIRST PRES                                     | ENTATION OF M                             | ULTIPLE DEPE   | NDENT (                       | CLAIM        | / 🗆                              |                     | + \$ 180 =          |                        | OR                            | + \$ 360 =       |                        |
|  |  |   |  | TOTAL ADDIT.<br>FEE           |              | OR                               | TOTAL ADDIT.<br>FEE |                     |                        |                               |                  |                        |
|  |  |   |  |                               | •            |                                  |                     |                     | •                      |                               |                  |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |  |                               |              |                                  |                     |                     |                        |                               |                  |                        |